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ABSTRACT

This action research project describes an educational program to develop parenting skills among pregnant high school students. The evidence of students' lack of parenting skills included observations by the researcher, student responses to questionnaires, and sub-optimal growth and development in the infants and children. The educational program used cooperative learning, direct instruction with modeling, and multiple intelligences. Post-intervention data indicated an increased awareness of parenting skills and an increase in levels of confidence in parenting ability. (Two appendices include the pre- and posttest quiz and a sample of student work. Contains 36 references.) (EV)

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A STUDY TO DETERMINE WHETHER PARENTING SKILLS CAN BE TAUGHT TO PREGNANT HIGH SCHOOL STUDENTS

Judy Nelson

An Action Research Project Submitted to the Graduate Faculty of the

School of Education in Partial Fulfillment of the

Requirements for the Degree of Master of Arts in Teaching and Leadership

Saint Xavier & IRI/Skylight

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ABSTRACT

This report describes an effort to develop parenting skills among high school students who become pregnant. The targeted population consisted of students in a large mid -western suburban high school district, which is predominantly middle class. The evidence of a lack of parenting skills in student parenting behavior included observations by this researcher, student responses to relevant questionnaires, and less than optimal progress in growth and development as demonstrated by the infants and children.

Analysis of the probable cause indicates the teen parents are uninformed about parenting skills, lack knowledge regarding where to find that information, and may have had little exposure to babies and children.

A review of the possible solutions that may enhance quality of parenting, combined with an analysis of the problem setting suggests educating the students combined with social and emotional support would optimize their prospects for success.

Post intervention data indicated an increase in awareness of parenting skills and an increase in levels of confidence in parenting ability as a result of social and emotional support.

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CHAPTER 1

PROBLEM STATEMENT AND CONTENT

General Statement of the Problem

The students of the targeted high school population who unintentionally become pregnant lack parenting skills. Evidence for the existence of the problem includes anecdotal notes, an attitude/needs survey and a quiz.

Immediate Problem Context

Students are enrolled in a suburban high school district of 11,400 northwest of a large mid-west city. The racial and ethnic composition of the district is as follows; 76 % are white, 2 % percent are African American, 11% are Hispanic and 9% are Asian or Pacific Islander. District wide, 10% are considered low income, coming from families receiving public aid, or may live in institutions for neglected, abused or delinquent children. Some may be supported in foster homes, or may be eligible to receive free or reduced cost lunch. The average value of a home in the district is $192,000.

The school district employs more than 1500 people, full, or part time. Each school has a psychologist, social worker, police counselor, nurse and

outreach counselor. Social, academic, and career counseling is provided at each of the seven schools. The teaching staff numbers about 820, supported by secretaries, clerks, bookkeepers, custodial and maintenance personnel, cafeteria workers and teachers aids. The student/teacher ratio is 16:1. Eighty-one percent of the faculty has advanced degrees. The average teacher salary is $68,103. The district currently has seven campuses, and has a complete academic program of courses as well as many programs for students with special needs. It makes available full interscholastic athletic programs for boys and girls and a complete range of clubs and activities. Average annual per-pupil expenditure is $12,270.00 (Daily Herald, 1999 Board of Education Meets). The targeted students are those who choose to retain the pregnancy and have varying degrees of support from their families of origin. Economically they come from blue and white-collar backgrounds. They are continuing their high school education either in day or night school programs. In addition to this, they have enrolled in a class titled "Parents as Partners" which endeavors to prepare them for the birth of their babies and impart some parenting skills. The class meets for 16 three-hour sessions in one of the high school district buildings.

This class is conducted by a certified school nurse and teacher with 20 years experience as an obstetrical, medical-surgical and school nurse in the high school district in consideration. Assisting is another school nurse with

experience in intensive coronary care, critical care, and pediatrics and with behavior and learning disordered students. Also in attendance are students who have given birth. They come with their children who range in age from newborn to three years. At times, the fathers of the babies join them, as well as the mothers of the girls or other supportive individuals.

The curriculum begins with prenatal safety and nutrition for both mother and baby. Emphasis is placed on the importance of regular check ups, tests, fetal development, and symptoms to be reported to the physician. Following this, normal labor and delivery and cesarean section delivery are explored. Appearance of the newborn, bathing, and care for the umbilical cord and circumcision are discussed. The student is familiarized with postpartum care for the mother, and tours the obstetrical unit of a local hospital. Here a lactation consultant covers breast-feeding as opposed to bottle-feeding. A social worker makes several visits with the group to help process some of the difficult issues they are to deal with such as prejudice against them because of their age, isolation because their friends are involved in more age-appropriate activities, and the complexities of extended families living together. The topic of growth and development and safety of the infants has been most successfully received when the material has been targeted at the specific ages of the infants present. This results in real engagement by the students who seem to be truly excited

by the abilities of their children. They are made aware of situations that warrant calling the physician, and finally given information about contraception and sexually transmitted disease. These young people will need the support of family and community to manage their heavy responsibilities.

The Surrounding Community

From once isolated communities surrounded by farmland, the area has grown rapidly into a sprawling suburban area of more than 800,000 people. The population has aged and become more diverse. The high school district covers 68.45 square miles and includes three different townships. It is larger in area than the city of St. Louis, Missouri, and serves approximately 250,000 residents. It is essentially a diversified middle to upper class area. The value of an average home in the district is $192,000, and median income is $62,000 (Daily Herald, 1998). Industrial expansion has been significant; superhighways give direct access to a major airport, large urban areas, and some of the worlds largest indoor shopping centers. However with the boom has come an assortment of growing pain ranging from urban blight to congested roads. Residents now confront many of the problems as those in the big city. Cars are everywhere. There are few options for public transportation between suburbs. Many businesses are having trouble filling entry-level positions because prospective employees have no mode of transportation, or as in the case of

many local police and firefighters, simply cannot afford local housing. Some of the older suburbs must start replacing outdated systems for water, sewers, and roads. Some have begun redeveloping crumbling and sometimes vacant downtown areas to attract new businesses so more people might live and shop in the business district. As part of such plans, many communities are building high rise condominiums downtown. Amidst all of this bustle, there are some community resources available to the young moms. In one town there is an organization called "Pregnancy with Dignity" that offers counseling, peer support, family planning, parenting classes, and a lending closet for children's clothing, car seats, and toys. The community has social workers on staff who can deal with emergency situations such as wife and child abuse, provide emergency shelter and meals, and support groups for people dealing with divorce or other crises. Students are connected with these resources as well as programs such as "Kid Kare" which offers free medical care for those unable to afford it elsewhere. How do young people facing the challenge of caring for a newborn in this community compare to those nationwide?

National Context of the Problem

While teenage birth rates in this country remain high, they have gradually fallen since 1991. This drop follows substantial increases during the 1980s. Recent statistics show that teen birth rates remain higher than they were

during the early to mid 1980s and continue to exceed those in most developed countries (March of Dimes, 1999). High teen birth rates are an important concern because teen mothers and their babies face increased risks to their health. Almost 1 million teens become pregnant every year, and more than 512,000 give birth (March of Dimes, 1999). The birth rate for young teens (ages 15 to 17) is slowly declining. Between 1991 and 1995 the rate fell by 7%, (from 38.7% per 1,000 women to 36). However, in 1995 (the most recent year for which data are available) nearly four girls in 100 aged 15 to 17 had a baby. Slightly over 13% of all United States births were to teens. Birth rates for teens aged 15 to 19 dropped nearly 9% between 1991 and 1995 (from 62.1 per 1000 teens to 56.9) (March of Dimes, 1999).

Teens too often have poor eating habits, neglect to take vitamins, and may smoke, drink alcohol or even "do drugs", increasing the risk that their babies will be born with health problems (Hurley, 1999). Pregnant teens are less likely to get either early or regular prenatal care. In 1995, 7.6% of mothers aged 15 to 19 years received late or no prenatal care, compared to 4.2% for all ages. A teen mother is more at risk for complications of pregnancy such as premature labor, high blood pressure, and placental problems. Of course, these risks are greater for teens who are under 15 years old. Also teens are less likely than older moms to gain a sufficient amount of weight during pregnancy (25 to

35 pounds is recommended for women of normal weight) which increases the risk of giving birth to a low weight infant (Eisenberg, Murkoff & Hathaway, 1995). Low birth weight babies may have organs that are not fully developed. This can lead to breathing problems such as respiratory distress syndrome or bleeding in the brain. Further, low birth weight babies are 40 times more likely to die in the first month of life than are babies of normal weight (Burfien, 1992). To further complicate this dismal picture, 3 million teens are affected by sexually transmitted diseases, out of 112 million cases reported annually. These include chlamydia, which can cause sterility, syphilis, which can cause blindness, deafness, or death of the infant; and of course HIV, which is fatal to the mother and can infect the infant.

Life itself will likely be difficult for a teenage mother and her child. Her education has been cut short, and she may lack skills necessary for success in the work place, making her dependent on her family of origin or on welfare. Her parenting skills are likely to be poorly developed, her social support system to help her deal with the stress of raising an infant may be non-existent as friends of her age will be pursuing different interests more appropriate to their stage of development.

Following are the parenting skills that this population lacks; the awareness, recognition and facilitation of stages of growth and development in

the areas of physical/motor, social/communication and finally, cognitive/autonomy skills. Without this ability, the young parents will fail to provide for their children an optimal opportunity to reach their potentials. This situation was documented at the targeted site.

CHAPTER 2

PROBLEM DOCUMENTATION

Problem Evidence

To document the lack of parenting skills in the targeted group it was necessary to review the literature, keep anecdotal notes of parent-child interactions during the first 4 weeks of the 16 week class, study the results of an attitudes and needs survey, and the results of a quiz to determine the level of awareness of normal child growth and development.

The students in the targeted class for pregnant teens have vague ideas about methods of parenting and limited understanding of normal growth and development. To document the lack of parenting skills among teen mothers, anecdotal incidents, results of attitude and needs assessment questionnaires have been gathered, and quizzes regarding normal child growth and development have been studied.

The parenting skills that this population lacks are as follows; they lack the awareness, recognition, and ability to facilitate stages of growth and development in the areas of physical/motor, social/communication, and

cognitive/autonomy skills. Without this ability the young parents will fail to provide for their children optimal opportunity for reaching their potentials. Everyday more than 3000 teens become pregnant (Kleinpell, 1999). Evidence for the existence of the lack of parenting skills includes poor or moderate progress in growth and development as demonstrated by the infants (Rozakis, 1993). When this researcher worked in both of two large (over 250 teens in each institution) facilities for abused and neglected adolescents, this pattern was observed repeatedly. Babies produced unintentionally by the teens frequently became listless or apathetic as a result of being neglected. Some were seen to develop the medical condition called "Failure to Thrive" as a result of disinterested, uninvolved parenting. Two of the mothers in the group and one of the fathers were currently housed in one of these facilities. Observations of parenting skills were further documented in the classroom through anecdotal records.

Anecdotal Records

In order to document the lack of parenting skills in the targeted group, anecdotal records were kept of interactions between parent and child, based on observations during the class. Recorded anecdotal evidence includes the following: One student said "If I can't make the baby stop crying, he must think I am a bad mother". The teen demonstrates here that he is unaware of the

social/ communication level at which the baby is functioning. When a baby repeatedly dropped toys from the high chair tray to the floor, the young parent assumed the baby was trying to annoy her, or that the baby was being intentionally "naughty", indicating that she was uninformed about the babies' social/communication level of functioning. It did not occur to the teen that the baby is actually experimenting, learning about cause and effect, gravity, and a way to hear one good "bang"! This would indicate in addition, a lack of awareness of the child's' current level of physical/motor stage of development.

Another student had been led by her own mother to believe that her one month old baby cried in the middle of the night because he needed "meat and potatoes" to fill him up before bed time. She had no idea that her baby's' digestive tract was far too immature to handle such a diet. Again, the teen displayed an inability to recognize the infant's physical/motor level of development. Yet another student was led to believe by her well intentioned family of origin that she would spoil her five month old baby if she responded every time the baby cried out. Nearly the opposite is true, children learn trust in the first year and her mothers' response to her assures her that the world is a safe place to live (White, 1998). On the other hand, the 16-year-old father of an 8-month-old boy worried the child would become a "sissy" if allowed to cry when hurt. Both cases demonstrated an ignorance of some basic psychological

concepts. According to one student, it was unnecessary to talk to her baby, because the baby did not "speak English". Of course, babies learn the culturally appropriate language by hearing it spoken in the home. Once again the teen displayed a lack of awareness of the child's' level of social/communication, and physical/motor development. It seemed prudent to ask how the teens' attitudes and perceived needs impact their parenting behavior.

Results of an Attitudes and Needs Assessment Survey

Based on the documented evidence that the problem exists, results of an attitude and needs assessment survey, and a quiz to determine the level of awareness of normal growth and development were taken into consideration. This data was collected during the first 4 weeks of class. Eighteen students initially took the attitudes and needs assessment survey. The responses to the question "What will you do differently as a parent than your parents did?" included "Everything!"(3 teens gave that response) and "I will tell him about how you get pregnant" or "I will tell her about sex"(or words to that effect). Eight students gave this response. Seven students responded that they would do nothing differently. This is at first surprising, however it is important to keep in mind that these students are now both vulnerable and completely dependant upon the family of origin and may fear expulsion from the home, thus influencing this atypically compliant response. To the Prompt "I need..."

three responded "love", six answered "money", one chose "condoms" two said "love and money". One answered that she needed "Anthony", three said they needed "A place to live", and two students left the question unanswered. To the prompt "I think spanking is...", six of the students responded "necessary" (or words to that effect), one said "terrible", five said "OK". Five said they "don't know", and one left the question unanswered. To the prompt "I want ...for my baby", the responses were as follows; Two said "love", one said "everything", one said "a place to live", three said "a better life than me" (or words to that effect), four said "I don't know" (or words to that effect), and eight left the question unanswered. Thus it would seem evident that these students are in need of continued emotional and social support and guidance.

While all of the students and the interactions with their babies were carefully observed, and while the attending students answered questions to ascertain their level of comprehension of normal infant growth and development as well questions to determine their needs and attitudes, all of the students did not do every activity, so results and growth must be considered on an individual basis. Responses of a particular individual are considered before and after class participation.

Test to Determine Awareness of Normal Growth and Development.

During the first 4 weeks of the class, a pre-test was given to the students to determine their level of awareness of normal child growth and development (See Appendix A). The tests are age-specific to the infants present. The stages of development are in accord with the developmental stages described by pediatrition Burton White (1998) in his book, The New First Year of Life. Phase 1 describes the abilities of a baby between birth and 8 weeks, Phase 2 describes the baby between 8 and 14 weeks. Phase 3 describes the baby between 3 1/2 months and 5 1/2 months and Phase 4 is 5 1/2 months to 8 months, and so on. None of the students knew the correct answers to the questions, but the questions were designed in such a way as to spark interest and discussion upon review.

Overall, through all methods of assessment, the results provide evidence that the targeted students lack parenting skills. There are many probable causes for this problem.

Probable Causes

Since the students are between 14 and 18 years of age, they are typically uninformed regarding parenting skills. They likely have never thought of parenting as a skill, but rather something that has been inflicted upon them.

Youth and Inexperience of Mothers

Teens are unlikely to know where to go for parenting information. In many cases, students have had little experience with younger siblings or neighborhood children. One girl said she was the youngest member in her family and had no idea how to care for a baby. Another, who joined the group late and had already delivered, said "I cried when I first saw him, to think he would have to go through life as ugly as he was", illustrating her ignorance of normal newborn appearance. In order to fully comprehend the burden to the teenage parent it is important to keep in mind the level of maturity which is brought to bear upon the situation.

Lack of maturity and an absence of parenting skills are so obvious they hardly seem worthy of mention. One mother in the group rejected the father of her child and managed to meet and marry someone else before the child was three months old. Her son is now barely one year old. Currently the second partner is out of the picture, the grandparents have cause to suspect abuse and have petitioned the Department of Children and Family Services for custody. As described above, the young mother now faces family breakdown, poverty, unemployment, emotional stress and dependency on either family or social agencies. Of course, the students become parents involuntarily. The pregnancy is unplanned and indeed the status of motherhood is thrust upon them. Without

unwavering support and guidance throughout the child rearing years there is no hope to salvage the children of these children (Coles, 1977). There are other considerations that factor into the problem.

An Element of Denial

According to Lerner (1997)

> I never thought I could become pregnant because the thought of having an entire person grow inside your body is such a bizarre idea that only lunatics or religious fanatics would believe it could actually happen. (p.115)

Although the above statement is mildly humorous, the element of denial was heard again and again from the students in the targeted group, sometimes in response to the questions on the attitudes and needs assessment survey, or sometimes confessed with an embarrassed smile. The sentiment was repeated by nearly every teen in the book, It Won't Happen to Me-Teenagers Talk About Pregnancy by Paula Mc Guire (1998). According to Jones (1998),

> I once was a teen mom and I try to get across the challenges and hardships of that predicament. If I'm too late and they already have children we support them and help get them the assistance they need to be adequate parents. (p. 111)

"We try to teach other teens that they can expect a dead end future without an education. We teach them about date rape, sexually transmitted diseases and get them the information they need to raise the kid right" (Noble, 1999 p. 216).

> One of the hardest parts of the teen years is learning to deal with your sexuality. All of a sudden it is as though you are walking around in someone else's body with someone else's emotions. (Reuch, 1988, p. 245)

To the element of denial add the pervasive theme of sexuality well documented by the media in this country. "Sex oozes from every pore of the culture and there is not a kid in the world who can avoid it" (Bender, 1994, p. 29).

The entry into parenthood of individuals who are barely beyond childhood themselves is one of the most serious and complex problems facing the nation today. The birth of a child can usher in a dismal future of unemployment, poverty, family breakdown, emotional stress, dependency on social agencies, and health problems for mother and child (Cline, 1997). Fortunately there are strategies to lessen this problem.

CHAPTER 3

THE SOLUTION STRATEGY

Literature Review

According to Jacobsen (1999, p. 144), in the words of the parents of a teen mother,

> At first we thought she tried, but then the baby was with us almost every weekend, and with the other grandparents much of the rest of the time. Then she would leave him with anyone. Once she left him with a ten-year-old girl. Every time we picked him up he was frantic and hungry and filthy.

According to Ginsberg (1999, p. 334),

> The well being of the mother and child depend upon the social and emotional support of the extended family and the quality of intergenerational wisdom that is passed on to the new family unit. The support of the biological father is critical but dubious. Until the mother and child can make it on their own they may need the support of the welfare system.

The surest way to foster transfer is to create a need for immediate use. The sooner the learning is actually applied and used, the greater the chance for permanence. (Fogarty, 1998)' This is clearly the situation at the targeted site.

To no one's surprise, neglect and abuse are common among families headed by teens, especially those experiencing the most severe economic difficulties (Nardo, 1997). Any decision a girl makes will be difficult. If she chooses to keep the baby, it will mean making drastic changes in her life. She may have to give up plans for an education or a career (Meier, 1994).

Solutions Which May Enhance Quality of Parenting

Education regarding the importance of prenatal health and nutrition results in a healthier baby and mom (Greenwood, 1997). There is a positive effect on prenatal and infant care in homes visited by nurses who teach the moms how to care for their children. Good parenting behavior modeled during the 3-hour classes by health care professionals with fussing or distressed infants is instructive to the young parents (Braus, 1987). When the disruptive child is a toddler, responses to his behavior are more challenging, and these occasions should be used to discuss discipline for older children and to discuss specific situations (Harrison, 1989). The parenting skills of the teens appear to be enhanced through the instruction by the school nurse instructors, targeting specifically infant growth and development (Laskas, 1997). Disadvantaged

mothers benefited greatly from well child clinics where they felt free to bring up concerns that may have been, in their opinions, "not important enough to bother the doctor" (Henderson, 1998). According to Kitzman (1997, p. 127),

> There has been a positive correlation between the frequency of visitation and teaching done on an "as needed" basis by public health nurses and the favorable outcome of pregnancies and childhood injuries.

Education regarding labor and delivery will hopefully make the process less stressful, and result in maternal bonding, thereby enhancing the quality of life for both of them (Olds, 1998). Educating the young moms as to what to expect during labor and delivery apparently makes the process less intimidating according to their feedback. A tour of a labor and delivery department of a local hospital, explaining procedures and personnel reassures them.

Parenting classes subsequent to the birth of the infant, and the continued emotional support which are extended to the young parents by the instructors as well as their peers are critical (Laskas, 1997). Intense involvement by adults who serve as counselors and role models appears to upgrade both parenting skills and values (Miller, 1997). Community and family support are also critical. With the virtual abolishment of marriage in this country, not only relationship skills, but parenting skills as well, are not being taught to our young (Gallager,

1997). The community cannot fail to have an impact on these young lives; the extended family must support and instruct them (Trapani, 1997).

According to Jacobsen (1993, p. 233),

> Via de Amistad is hailed as the best program of its type in the country. To enroll a mother must be less than 18, pregnant or already a parent, without a high school diploma, and come from an economically disadvantaged family. Each mother is assigned a community volunteer who serves as a surrogate mother. She counsels the teen mom on baby care, helps her shop, baby sits and helps with the intricacies of school and welfare. Via de Amistad also runs a day care center staffed with child care professionals and runs classes wherein the teens can obtain a G.E.D. and vocational skills. There are classes for health, family planning, and parenting skills. Recently many professional schools have opened to teach the growing number of pregnant teens and teen mothers. They have cribs in the classroom, but learning still takes place. Most allow the girls to work at their own paces. They may need more sick days and have less energy to devote to their studies, but they can graduate. In addition to regular academics and vocational courses they teach child care, budgeting and life skills.

According to Jacobsen (1999, p. 47),

> At 12 she knew she did not want to end up like her friends, a mother at 13, without a childhood. Today she teaches other teens about sexually transmitted diseases, dead-end futures for kids without an education, peer pressure, self esteem and date violence.

Indeed, there is available to the students in the targeted district, a high school facility which offers on site day care, and child care classes which cover practical, daily aspects of child care as well as normal growth and development in a "head start" format. The facility is a career development center that also offers hands on classes for teens in cosmetology, food service and retail industry, print shop, auto shop and wood shop wherein the students actually build a house in the area and sell it on the open market. The object is to prepare the mom and baby to make it on their own.

Aerospace engineer Richard Durmain (1995) has fashioned, for the benefit of high school students, what some call the "doll from hell". It cries at intermittent intervals every 15 minutes to every 6 hours for a random amount of time. A computer chip records how long it cries without being attended to by the perspective teen parent. Excessive crying triggers a green light which signifies child abuse or neglect. The computer chip also records rough handling. Students have stabbed the doll and hurled it out of a window. A doll that wets

in addition to all of the above is forthcoming. Other teaching methods are also used to impart to the students the knowledge they will need.

Teaching Strategies Used in Lesson Plans

Cooperative learning is an instructional strategy that involves two or more people working together toward a single purpose (Fogarty, 1991). This strategy is used to teach pre-natal health and nutrition, encouraging on task attention. It uses cooperative groups as a tool for creating a more cooperative classroom wherein student achievement, self esteem, responsibility, high-level thinking and favorable attitudes toward school increase substantially. The groups include two to five students of different levels of skill, ability, motivation or racial origin who work together to achieve a single learning goal. The teacher uses different strategies and structures to build trust, shared success, and on-task attention. The teacher asks the students to share on an anonymous paper, if they choose, some of the difficulties of living at home with parents and siblings. This encourages sharing between the teens and elicits empathy which builds trust. Teens who return to class, having delivered, describe the process in detail. This serves as enlightenment and encouragement to those who have yet to deliver, and evokes praise and admiration from the moms of toddlers who share in their success.

Cooperative learning should be used extensively to teach as well as to encourage the establishment of a peer support group. As the group works together on the project to build a healthy baby and mom, they disclose to one another their dietary habits and establish camaraderie as they share stories of morning sickness. A drawing can be made of a pregnant lady, and the students can add to the drawing the elements required for building a healthy baby and mom. Also, the students can keep track of their own intakes, share the information with the group and critique each other's diet. Cooperative learning can come into play again after the birth of the baby when each newly delivered mom shares her experience with the group. As she describes the process, the rest of the group gains insight, asks questions and decides what she might do differently.

Modeling is simply demonstrating the behavior that one wants to communicate to the students (Harrison,1989). The teacher responds to an irritable infant in a calm deliberate manner as opposed to a stressed, agitated manner. This teaching method, along with direct instruction, is used to demonstrate bathing, feeding, changing, dressing, soothing, and playing with the baby so as to encourage his continued growth and development, introducing appropriate toys or objects. The students can return a demonstration of bathing, changing and dressing a doll to model to others, and

as a means of assessment. Feeding and soothing are modeled by the instructors with infants whose mothers attend the class. Toys appropriate to the stage of growth and development of the babies are introduced and responded to most enthusiastically by the young children.

Direct instruction, or verbalizing the information one wishes to communicate (Fogarty, 1991), is used primarily to confer upon the students new information such as fetal development, normal changes in a mothers' body, situations that warrant a call to the physician, what to expect during labor and delivery, and to make them aware of the possibility of a cesarean section delivery. With this information it is hoped that the student will bond emotionally with her unborn child, taking care to maintain an appropriate health regime, and be assured as to what changes in her body are to be expected, and what specific instances might warrant a call to the physician

Multiple intelligence theory recognizes many different kinds of intelligences in addition to the traditionally recognized logical/mathematical and verbal/linguistic intelligence, and advances an expanded view of human intelligence. According to Gardner (1983),

> A human intellectual competence must entail a set of skills for problem solving-enabling the individual to resolve genuine problems or difficulties that he or she encounter and when appropriate, to create an effective

product-and must also entail the potential for finding or creating problems-thereby laying the groundwork for the acquisition of new knowledge...(p. 60-61)

The other types of intelligences described by Gardner are; musical/rhythmic, visual/spatial, bodily/kinesthetic, naturalist, Intrapersonal, and interpersonal. The theory comes into play when a tour is taken of a local hospital obstetrical unit, absorbing the sights, sounds and smells therewith associated. The students ask questions and acquaint themselves with some of the hospital equipment and personnel. Multiple intelligence is also invoked when the students are required to sit on the floor and identify the elements in the room that may be dangerous to an exploring baby.

In order to improve parenting skills of teen parents, cooperative learning, modeling, direct instruction and the multiple intelligence theory will be employed. These strategies complement the curriculum already in place and it is predicted that the use of these strategies will further enhance the targeted student's capabilities to learn.

Project Objectives and Processes

As a result of the teen parenting class project intervention during the period of September 1999 to January 2000, the pregnant high school students

from the targeted group will gain parenting skills through educational intervention as measured by a questionnaire handed out at the beginning of the semester, before any information has been presented. At the completion of the semester long course the questionnaire shall be resubmitted to the group. Progress shall be observed in the growth and development of the infants present as well as the parenting behaviors of our targeted group. The needs assessment survey and attitude and opinion survey will be considered to determine whether there is an increased understanding of infant growth and development and the implementation of newly acquired parenting skills. To accomplish the project objectives, the following processes are necessary;

Good parenting behavior on the part of the teens will be reinforced, and direct instruction will be given to augment parenting skills.

Good parenting behavior will be modeled and materials that foster increased understanding of prenatal care, labor and delivery and parenting skills will be implemented.

Student needs concerns and attitudes will be monitored and responded to when appropriate.

Project Action Plan

During the process of determining whether parenting skills can be taught to teens, information on prenatal care, labor and delivery and growth and

development appropriate to the ages of the infants in attendance will be presented through a series of classes using cooperative learning methods and direct instruction with modeling. Using the cooperative learning model, the students will label a poster "How to Build a Healthy Baby and Mom", draw a pregnant lady, and the nutrition required for good health. At this time the functions of the vitamins and nutrients are to be discussed. Food diaries will be kept.

In preparation for the time when the baby becomes mobile, the students will be required to sit on the floor in the foods room, with a sketch of a "typical" house, and identify everything that could be hazardous to a crawling baby. Homework will be to subject the rest of their house to the same procedure, and report the results to the group. Emphasis will be placed on medicine cabinet and cleaning supply areas. Notation is made of the danger of drowning in open toilets and unattended scrub buckets of water due to the "top heavy" nature of the young baby. Information will be imparted through modeling and direct instruction.

Modeling and Direct Instruction

Good parenting behavior and appropriate responses to infants will be modeled, students will be coached as to how to respond to a fretful baby by direct instruction, thereby increasing their confidence in caring for their babies.

The teen parents' concerns and attitudes and questions will be monitored to determine understanding among the group members. Thus, as much information as can be absorbed regarding prenatal care and labor and delivery, and parenting skills will be presented prior to the birth of the baby. Multiple Intelligences will also be incorporated.

Multiple Intelligences

A tour will be taken of a labor and delivery unit at a local hospital involving the multiple intelligences as this experience is absorbed. The teens are exposed to the sounds of the hospital environment and instructed to listen for the vocabulary they have learned during class. They will see the labor and delivery rooms as well as the Caesarian Section Suite which is on the unit. They will see real nurses and doctors and babies in the hope that familiarity will lessen stress and apprehension. The students are receptive because they are invested in and frightened of the process (Furstenberg, 1981). Afterward time is available to bring up concerns and a lactation specialist answers questions in regard to the advantages of breast versus bottle feeding. A central purpose for imparting this information is to optimize the post-partum bonding. Cooperative learning is another strategy used.

Cooperative Learning

Since it has been observed that the teen moms respond best to teaching relevant to the immediate situation, the teaching is aimed directly at the ages of infants present. An array of toys will be brought to class, specific to the exact level of growth and development of the infants present. As each child focuses in on the presented toy, an explanation is given as to why the toy is useful to the child's level of achievement. The pre-and-post tests will be presented to peak interest and determine what specific issues need to be addressed. Discussion will clarify correct responses according to The New First Year of Life by Burton White (1998). and What to Expect the First Year by Eisenberg, Murfkoff, and Hathaway. (1995) Finally the post-test will determine the effectiveness of the instruction. Student needs and attitudes are monitored to determine growth and understanding as demonstrated by change in behavior or perception. In addition to careful observation of the young parents, the results of the pre-test and post-test are considered to document concerns and attitudes.

Methods of Assessment

In order to assess the effects of the intervention, needs and attitudes shall be monitored, quizzes covering the content and skills identified for

effective parenting will be developed. Parenting behavior will be monitored as exhibited by the teens.

CHAPTER 4

PROJECT RESULTS

Historical Description of the Intervention

The objective of this project was to teach parenting skills to teen mothers (and fathers when available). The students were motivated with pre and post-test materials relevant to the ages of their respective infants to generate interest and involvement with the growth and development thereof.

Our students have created a need for immediate use of materials presented which fosters transfer, and learning will be applied almost immediately. The impact of modeling good parenting behavior as well as direct instruction by health care professionals also fosters transfer.

Original plans called for one 3 1/2-hour session once a week. The first half was concerned with prenatal health and labor and delivery. The second half was concerned with normal child growth and development and related parenting skills. Artifacts of these sessions can be found in Appendix B. While a variety of teaching methods was implemented, an informal discussion format predominated. Chairs were arranged around three tables enabling eye contact

and promoting participation. Multiple intelligences came into play as one entire session was devoted to a local hospital labor and delivery department. Direct instruction was used in instances when the parent could not manage a child's crying or behavior. The health care professional suggested methods of dealing with the situation with which the student could practice while still in the presence of a caring adult. Modeling was used to demonstrate good parenting skills throughout the time the instructors were with the teens. If a student was unable to soothe an irritable infant, and suggestions did not help, the instructor would take the child and make an attempt to soothe him. Failing this, and having ruled out possible sources of discomfort, a discussion regarding the possibility of colic would follow.

A needs and attitude assessment survey, a quiz on normal growth and development, and observation of student parenting behavior with recording of specific anecdotes were used to document any growth in parenting skills among the targeted students. The results are presented in the next section.

Presentation and Analysis of Results

In order to assess the effects of efforts to teach teens parenting skills pre and post-teaching questionnaires were administered. Ninety percent of the students made appreciable gains, an increase in knowledge of approximately 75 %. The teen parents responded generally well to the infants who exhibited

appropriate progress in growth and development. Apparently as a result of the information they received, and behavior modeling which occurs informally during the three hour long class, some differences were noted. Cooperative learning and modeling also came into play in the class activity that follows.

For the two babies who were one month old, some cards with simple faces of children of different nationalities were set up. Also set up were some cards with geometric shapes in black and white. The female infant turned her head to the side and riveted her eyes upon the faces for extended periods of time (up to 47 seconds). The one-month-old male preferred the geometric shapes and he appeared to study them carefully. Although his attention span was shorter, he returned his gaze to them again and again, alternately responding to noises in his environment. When the parents saw how attentive such young babies were, they seemed interested in providing appropriate stimulation for their children. The babies also cooperated by sticking out their tongues when this was demonstrated to them. The teen parents were amazed! In a spirit of fun and camaraderie, the students learned age-specific growth and development, and a new respect for their infants. Also present was an alert five-month-old whose father had come to class for the first time. For him there was a soft block with several objects inside of varying shapes, textures and colors. The baby reached inside to obtain the objects inside the cloth block,

passing the toy from one hand to the other, looking for a dropped toy. He was extra fascinated by the moon shape that made noise when he squeezed it. A one-year-old who walked independently enjoyed pushing about a lawn mower type toy, expanding upon his newly acquired skill of mobilization. He also enjoyed rolling back to his mom a large, multi-textured ball. Thus it is demonstrated that the infants are achieving age appropriate milestones in growth and development.

While all of the respondents had had definite ideas about what they would do differently than their parents had done, few of them had any idea how they would go about making these changes. After the class, they seemed to realize that making changes would require planning and learning.

Surprisingly, most of the teens were devoted to and fiercely protective of their newborn. After the age of about 5 months, however, when the baby becomes more mobile and coordination improves, the child becomes a challenge to care for, and at this point many of the teens exhibited less patience. At approximately that time the impact of this exhausting, expensive, messy and long-term venture becomes apparent. Teens without strong support systems rarely do well past this point.

The responses to the needs and attitude assessment are considered. The existence of a forum in which to bring up these matters was appreciated by

the teens. Eighty-seven percent said they appreciated and would participate in a continued social and emotional support group. However, after the babies become about six months of age, the majority (95%) of the teen moms failed to attend the group. Perhaps one factor is the difficulty of focusing on class material with a distracting six month old on ones lap, although baby-sitting is provided if they choose to use it. What conclusions can be drawn from the analysis of our material?

Conclusions and Recommendations

Based on the presentation and analysis of the responses to the quizzes and the responses to the needs and opinion survey, and having carefully observed teen parenting behavior as well as the progress of their infants, the teens appear able to develop parenting skills. Their awareness of normal growth and development increased appreciably. The babies appeared to have achieved significant milestones in growth and development. The teens developed trust within the group and began to share socially and emotionally as had been modeled. They began to initiate social contact outside of classroom time.

This kind of positive behavior, however, began to decrease once the infants reached about six months of age. Students began to attend only sporadically, and appeared frazzled or unfocused frequently. The babies sometimes appeared to be in need of bathing or proper attention to hygiene

and diet. Frequently the teen moms were impatient or excessively harsh in their approach to the babies. Less frequently they were excessively lenient. Sometimes they were involved in dysfunctional or even dangerous relationships.

Most disturbing of all, however, despite detailed information regarding contraception, and the frightening specter of sexually transmitted diseases, only half of the group verified a change in sexual behavior that reflected incorporation of the information provided. One frantic teen mother of a two-month-old, seeking "morning after pills", reported a sexual encounter that day. Local clinic nurses report a significant increase in requests for "morning after pills" on the part of local teens every Monday morning.

Recommended is the initiation or continuance of this type of intervention, as it was very successful and gratifying to all involved. Most certainly recommended is research that delves into the underlying causes for the decline in attendance and participation in the classes once the babies reach the age of approximately six months. Obviously the observations of the instructors indicate that the students need the knowledge and support that the group provides on an ongoing basis. In some instances a need for counseling was implicit. Also urgent is research into how young people could be persuaded to use protection and/or how the wall of denial or hubris could be broken down that results in these premature teen pregnancies.

Although this research involved only a small segment of the population, it attempted to remediate a problem which will continue to exist nationwide without intervention. It is hoped that the insight contained herein will give direction for further study.

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APPENDIX A

PRE AND POST-TEST QUIZ

YOUR PHASE 1 BABY
(birth to 6 weeks)

1. What evidence exists that being born is an exhausting experience for the baby as well as the mother?
2. What is different for the baby physically after he is born? Or, what does the baby have to do for himself that he didn't have to doe before he was born?
3. How much of the time might you expect your newborn to be awake?
4. Is your babies' personality inborn? Or, can mom form her babies' personality?
5. "Rooting, Sucking and grasping are ancient fragments of what long ago make up useful, organized, instinctive paterns."Discus this statement.
6. Why is a bumper pad in the crib a good idea even for a newborn?
7. What is the "fencing pose"? What happens if you gently turn a 1-month-old babies head from facing right to facing left?
8. Why do you need to always support the head of a baby at this age?
9. Would you describe a newborn as weak, sleepy, irritable and hypersensitive? Why or why not?
10. Specialists in pediatric dentistry see nothing wrong with using a pacifier during the first years of life. How does a pacifier soothe the baby?

Your Phase 2 Baby
(8-14 weeks)

1. During the first 4 to 6 weeks after birth your baby will sleep much of the time, and seems to be adjusting to life outside the womb, but now he will begin to show more interest in his environment. How might he indicate his social development?
2. . What is "rooting behavior" and what purpose does it seem to serve?
3. What is "tracking" and what ability does it demonstrate that the baby has acquired?
4. At what distance from his eyes can the baby most easily focus? Why do you suppose this is true?
5. The head of a baby of this age is nearly one third of his body; can he lift it up off the bed? Why do you suppose this is true?
6. When the baby begins "batting behavior", (batting or swinging at an object with his hands), what developmental milestone will you know he has reached? Why?
7. Describe the ways in which the baby explores her environment. What might you do to enrich her explorations? Why is it better not to allow the baby to be "bored" much of the time?
8. Describe the ways in which the baby explores her environment. What might you do to enrich her explorations? Why is it better not to allow the baby to be "bored" much of the time?

9. Why is it significant that at this stage your baby will stop crying when he sees you approaching?

10. How can you tell if your baby can hear? Why is it important that you establish that he does hear?

11. Where should a safe mirror be placed so that your baby can see his reflection?

12. Will your baby pay attention to pictures of people?

13. My mother says I will spoil my baby if I respond to every cry at this age. Do you agree? Why or why not?

14. Explain why a crib gym suspended above a baby seat is a good way to amuse the baby?

Your Phase 3 Baby
(3 1/2 to 5 1/2 months

1. At this age your babies' world begins to expand. Previously he could only focus at a short distance from his eyes. Now he can take in a whole room or scene outside a window, and has remarkable concentration. How might you provide new experiences for him?
2. Now the babies' mood is generally good and he is very responsive socially. You expect his to be noisy and vigorous. What might you look for if he is crying or irritable?
3. Earlier your baby showed eye-hand coordination by batting or swinging at objects. Now he grasps (opens and closes his hand), transfers objects from one hand to the other and gums everything! What toys would you suggest?
4. Baby is now a lot sturdier and is developing the large muscles in her arms, legs and torso. How can you encourage this?
5. What is eye-ear coordination? Why is it important? How might you tell if a baby has an ear infection?
6. What sounds can a baby now imitate? Why is it important to talk to your baby?
7. Until a baby is 2, his ability to fight infection is decreased. What implication has this for childcare arrangements?

Your Phase 4 Baby
(5 1/2 months to 8 months)

1. Six month-old babies like to drop objects from the high chair and watch them fall to the floor. What level of development does this demonstrate to you?

2. Unless your baby is ill, he will likely be happy, agreeable and sociable. People who spend time with him are likely to love him. Soon your baby will become more troublesome and difficult to live with. Since babies continue to need a great deal of help to survive it is very important that some older person care deeply for that baby before he begins to crawl. Discus this

3. What is "stranger anxiety"?

4. Your baby is beginning to understand cause and effect. Crib and floor gyms that offer an immediate effect upon the child's' eye-hand activities stimulate the child's growing interest in making things happen. Suggest some appropriate toys.

5. At this age, babies begin to problem solve. If you hide a toy under a scarf or pillow while the baby watches you, she will remove the pillow or scarf to uncover the toy. What does this indicate the baby has developed?

6. It is important to talk to your baby about whatever he is attending to. For the first 2 years, what a baby understands is a far more reliable

indicator of his developmental status than what he says. What "words" might you expect from your baby at the end of this phase? What simple language will he probably understand?

7. "By the time your baby is 5 1/2 months old he will have had thousands of experiences where an older person has approached him and he has felt better, usually within a few minutes, either because a discomfort has been lessened or removed or he has been treated to some kind of fun episode. These experiences build the foundations of emotional security in your baby." Will this spoil the baby?

8. At about 6 months or thereafter your baby will sometimes cry deliberately to get attention and company. This new ability is an important sign of normal mental development. It is also the point at which preventable spoiling usually begins. How can you avoid spoiling?

9. Imagine sitting on the floor and being able to reach up to a height of 3 feet. Choose any room in your house and describe how you would baby-proof it.

10. Your baby will enjoy seeing you get excited when he is successful in developing new motor skills. Seeing your pleasure when he jumps in a doorway jumper, he will jump even more vigorously. I am going shopping for toys. I buy a doorway jumper, a walker, a large softball and some

bath toys and a support seat for the tub. I find a large plastic container and an assortment of gumable, throwable, bangable small items too large for the baby to choke on. Explain why each of these items is useful at the babies' stage of development.

APPENDIX B

SAMPLE OF STUDENT WORK

Kissey

Your Phase 3 BABY
(3 1/2 TO 5 1/2 MONTHS)

1. At this age your babies world begins to expand. Previously he could only focus a short distance from his eyes. Now he can take in a whole room or scene outside a window, and has remarkable concentration. How might you provide new experiences for him?
Change his place, let him look out the window

2. Now the babies mood is generally good and he is very responsive socially. You expect him to be noisy and vigorous. What might you look for if he is crying or irritable? If he is crying, there is probably something wrong

3. Earlier your baby showed eye-hand coordination by batting or swinging at objects. Now he grasps (opens and closes his hand) and transfers object from one hand to the other and gums everything! What toys would you suggest? Stuff he can pick up but not swallow.

4. Baby is now a lot sturdier and is developing the large muscles in her arms, legs and torso. How can you encourage this? Maybe a jolly jumper thing & let him crawl around on the floor.

5. What is eye-ear coordination? Why is it important? How might you tell if a baby has an ear infection? Thats when he looks where the noise come from

6. What sounds can a baby now imitate? Why is it important to talk to your baby? He learns to talk by hearing the mother talk to him

7. Until a baby is 2, his ability to fight infection is decreased. What implication has this for childcare arrangements? Maybe you shouldn't take him to a lot of pla

8. How much might you expect your baby to be sleeping at this age?
Most of the night.

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POST-TEST

Krissy

Your Phase 3 BABY
(3 1/2 TO 5 1/2 MONTHS)

1. At this age your babies world begins to expand. Previously he could only focus a short distance from his eyes. Now he can take in a whole room or scene outside a window, and has remarkable concentration. How might you provide new experiences for him?

Take him for a walk

2. Now the babies mood is generally good and he is very responsive socially. You expect him to be noisy and vigorous. What might you look for if he is crying or irritable?

He has wet diaper

3. Earlier your baby showed eye-hand coordination by batting or swinging at objects. Now he grasps (opens and closes his hand) and transfers object from one hand to the other and gums everything! What toys would you suggest?

a ball ?

4. Baby is now a lot sturdier and is developing the large muscles in her arms, legs and torso. How can you encourage this?

Give him heavy toys

5. What is eye-ear coordination? Why is it important? How might you tell if a baby has an ear infection?

I dont know - He has a temperature ?

6. What sounds can a baby now imitate? Why is it important to talk to your baby?

So he knows what language to learn

7. Until a baby is 2, his ability to fight infection is decreased. What implication has this for childcare arrangements?

Be sure he is clean

8. How much might you expect your baby to be sleeping at this age?

not very much

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PRE-TEST